

<b>APPLICANT</b> (stamp or sticker acceptable)	<b>PATIENT</b> NHI: .....	<b>REFERRER</b> Reg No: .....
Reg No: .....	First Names: .....	First Names: .....
Name: .....	Surname: .....	Surname: .....
Address: .....	DOB: .....	Address: .....
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Fax Number: .....	.....	Fax Number: .....

## Liraglutide

### Initial application

Applications from any relevant practitioner. Approvals valid without further renewal unless notified.

**Prerequisites**(tick boxes where appropriate)

- ☐ Patient has type 2 diabetes
- and
- ☐ Target HbA1c (of 53 mmol/mol or less) has not been achieved despite the regular use of ALL of the following funded blood glucose lowering agents for a period of least 6 months, where clinically appropriate: empagliflozin, metformin, and vildagliptin (see note a)\*
- and
- ☐ Patient is Māori or any Pacific ethnicity\*

or

☐ Patient has pre-existing cardiovascular disease or risk equivalent (see note b)\*

or

☐ Patient has an absolute 5-year cardiovascular disease risk of 15% or greater according to a validated cardiovascular risk assessment calculator\*

or

☐ Patient has a high lifetime cardiovascular risk due to being diagnosed with type 2 diabetes during childhood or as a young adult\*

or

☐ Patient has diabetic kidney disease (see note c)\*

Note: \* Criteria intended to describe patients at high risk of cardiovascular or renal complications of diabetes.

- a) Due to the ongoing supply issues with GLP-1 agonists, we strongly urge you to consider initiating patients on other hypoglycaemic agents, provided they are not contraindicated. Please also consider discontinuing GLP-1 agonist treatment where the patient is not receiving clinically meaningful benefit.
- b) Pre-existing cardiovascular disease or risk equivalent defined as: prior cardiovascular disease event (i.e. angina, myocardial infarction, percutaneous coronary intervention, coronary artery bypass grafting, transient ischaemic attack, ischaemic stroke, peripheral vascular disease), congestive heart failure or familial hypercholesterolaemia.
- c) Diabetic kidney disease defined as: persistent albuminuria (albumin:creatinine ratio greater than or equal to 3 mg/mmol, in at least two out of three samples over a 3-6 month period) and/or eGFR less than 60 mL/min/1.73m<sup>2</sup> in the presence of diabetes, without alternative cause.

I confirm the above details are correct and that in signing this form I understand I may be audited.

Signed: ..... Date: .....

Post application to Ministry of Health, Private Bag 3015, Wanganui – email: [customerservice@health.govt.nz](mailto:customerservice@health.govt.nz)